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| Qualifications – Overseas Applicants |  |

# Instructions

Equivalence of qualifications earned outside of NZ is determined on a case-by-case basis. Being registered in the clinical scope with the NZ Psychologists Board is necessary, but NOT sufficient for admission to NZCCP. (The NZ Psychologist Board criteria are competency based, NZCCP criteria are qualification based).

NZ post graduate Clinical Psychology qualifications encompass and integrate all aspects of clinical practice. NZ programmes include academic papers/courses, research to Masters level or higher and clinical internships comprising at least 1500 hours supervised work. All components must be completed prior to the final examination. Successfully completing the final exam indicates completion of the qualification and approval for graduation. Successful completion of the qualification then entitles new graduates to apply for registration in the scope of Clinical Psychology with the NZ Psychologist Board.

Where an applicant has a qualification earned outside of NZ, it is their responsibility to provide sufficient documentation to enable the NZCCP Board of Membership and Professional Standards to establish equivalence with training of New Zealand clinical programmes.

# Supporting Documentation Required

* evidence of any name changes as relevant to qualification documentation
* certified copy of degree certificate
* certified copy of academic transcript containing itemised subjects of post graduate clinical psychology training

And one of the below, as relevant to your individual situation:

* course handbook from academic institution outlining course content and structure and overall requirements relevant to the qualification you completed
* direct link to academic institution website outlining course content and structure and overall requirements of the qualification you completed
* statement from Academic Institution on letterhead outlining course content and structure of the qualification you completed

Please note, in cases where your qualification structure / pathway appears to be significantly different to that of the New Zealand qualification (as outlined above), you are also welcome to provide an explanatory email or statement to support your application. In these cases it may also be necessary to provide documentation providing evidence of having completed the components of training that are not well specified on your academic documentation, such as a document confirming completion of placement/ internship hours etc.

# Application Processing Timeframes

Please note you will need to allow up to 5 weeks for your application to be processed, from the time you have provided *all of the necessary documentation to support your application*. Please note, **NO** applications are considered under urgency.

# For each Postgraduate Level Clinical Psychology qualification

|  |  |
| --- | --- |
| Name of the Qualification |  |
| Language the qualification was completed in |  |
| Entry requirement for the course |  |
| Usual length of the course (fulltime) | ……… years ……… semesters |
| Length of time it took you to complete the course | ……… years ……… semesters |
| Did you study (please tick one) | Full-time Part-time |

|  |  |
| --- | --- |
| Name of the Qualification |  |
| Language the qualification was completed in |  |
| Entry requirement for the course |  |
| Usual length of the course (fulltime) | ……… years ……… semesters |
| Length of time it took you to complete the course | ……… years ……… semesters |
| Did you study (please tick one) | ……….Full-time ……….Part-time |

# Academic Component

How many postgraduate papers/courses directly related to Clinical Psychology did you complete

|  |  |  |
| --- | --- | --- |
|  | Name | Brief Description |
| 1 |  |  |
| 2 |  |  |
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| 8 |  |  |

# Research Component

|  |  |
| --- | --- |
| As part of the course, did you complete a written *(cross out those not applicable)* | thesis / dissertation / research project |
| Over what time span did you complete this part of your qualification | ……… years ……… months |
| Did you complete this full time or part time | ……… full time ……… part time |
| What was the approximate length (number of words) for the thesis |  |
| What was the title of the thesis |  |

Please provide a list of your supervisor / examiners (as relevant), including their profession and institutional affiliation (as relevant).

|  |  |  |
| --- | --- | --- |
| Name | Profession | Institutional Affiliation |
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# Clinical Component

**Supervised Internship / Practical Experience**

Was there a compulsory practical component to your course? If yes, then for each component of practical experience, outline the following:

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| --- | --- |
| Name of Institution |  |
| Supervisor name and profession |  |
| Did you complete this full time or part time |  |
| Duration of this experience | ……… years ……… months |
| What was the total number of hours you attended your practical experience role |  |
| Did you receive supervision, if so in what format and how frequently |  |
| How was your clinical work evaluated. e.g. case studies, examination/s, supervision report |  |

|  |  |
| --- | --- |
| Name of Institution |  |
| Supervisor name and profession |  |
| Did you complete this full time or part time | ……… full time ……… part time |
| Duration of this experience | ……… years ……… months |
| What was the total number of hours you attended your practical experience role |  |
| Did you receive supervision, if so in what format and how frequently |  |
| How was your clinical work evaluated? e.g. case studies, examination/s, supervision report |  |

|  |  |
| --- | --- |
| Name of Institution |  |
| Supervisor name and profession |  |
| Did you complete this full time or part time | ……… full time ……… part time |
| Duration of this experience | ……… years ……… months |
| What was the total number of hours you attended your practical experience role |  |
| Did you receive supervision, if so in what format and how frequently |  |
| How was your clinical work evaluated? e.g. case studies, examination/s, supervision report |  |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |